

Spirit Release in Clinical Psychiatry - What Can We Learn?

Dr Alan Sanderson



My title 'Spirit Release in Clinical Psychiatry - What Can We Learn?' will seem strange to most psychiatrists, because spirit is a taboo word in the secular, materialist culture in which we are so firmly embedded. I've chosen to speak about it because my clinical experience has taught me that spirit attachment is a reality and that release of troublesome spirits works wonders. This is an exciting development, with tremendous implications, not just for psychiatry, but for everyone. So please, while you reflect on this question, let the new ideas speak freely.

Meditation

*Please close your eyes
And breathe, into the heart.
Place in the heart one person you love.
Now you're in the presence of love.
Each one of us is in the presence of love.
We're all in the presence of love,
And that love will open our hearts to anything.
Please open your eyes.*

Open is the operative word. It's what we need in psychiatry today. My opening occurred in 1992. I was an NHS psychiatrist at Fairfield Hospital, Bedfordshire. At the time, I was a firm believer in the doctrine of materialist science, which holds that life on earth has developed by chance, human consciousness is born in the brain and nothing can survive death of the body.

Then I met Lance Trendall, a hypnotherapist and author of *Dead Happy*. He told me of a revolutionary concept – that spirits of the dead may join the living and cause considerable problems and that under hypnosis they can be discovered and released. The idea seemed preposterous, but scarcely new, for there are many accounts in the Bible of Jesus casting out 'unclean spirits', and the rite of exorcism is still practised by the Church. Lance's approach was different. It was

not confrontational, like exorcism, but sought only to persuade the spirit to leave.

It is through hypnosis that communication with the Unconscious and attached spirits is effected. Trance induction is the first step. Hypnosis, known as magnetism before James Braid renamed it in 1842, was the dominant research procedure in psychiatry from 1775 to 1890. Then came Freud. Freud's genius caught the popular imagination. He appreciated the importance of the Unconscious as a power behind human behaviour, but theorising kept him from exploring the natural multiplicity of the Unconscious through the physiological doorway of hypnosis. Instead he imposed his own arbitrary division of Super-ego, Ego and Id. Psychoanalysis, after a honeymoon period, proved totally impracticable for general use and psychiatry was plunged into amnesia for its pre-Freudian past. As a result, psychiatric thinking remains closed to the understanding that hypnosis can offer. Use of hypnosis as a major research and treatment tool will surely return when psychiatry moves away from symptom suppression and again turns its attention to the Unconscious, but regrettably there are no signs that this will happen soon.

I invited Lance to demonstrate his claims in joint sessions on some of my hospital patients, several of whom gladly accepted our offer of hypnotherapy. One case particularly impressed me. Paul, a lad of 19, was in a suicidal and homicidal state, bombarded by voices. A maximum dose of anti-psychotic medication was doing nothing for him. Halfway through the short session with Lance, Paul opened his eyes and said, 'They've gone.' For several days, the voices stopped completely. Then they came back, but never with their previous intensity. They had lost their power over him.

For me, seeing Paul's response was a Eureka experience. I took a course in hypnosis and I read what little I could find on spirit possession. Edith Fiore is a psychologist known internationally for spirit release therapy. Her book, *The Unquiet Dead* (1987), with its detailed case studies and sophisticated approach impressed me. I realised that I must do this work. I then trained in spirit release therapy, with the late Bill Baldwin, another psychologist and the world authority on the subject.

On my return from Florida, I cautiously introduced spirit release into my clinical practice. I was careful not to suggest to patients that hypnosis could lead to any kind of spiritual experience. I simply said that it might bring a helpful connection

to the Unconscious. I found that many of my patients believed in spirits and welcomed the help I offered.

Practising such work in the NHS was not easy, but I was able to use it with many patients and they and I gained greatly from the experience. Here is a case that I treated.

Case Illustration

I've chosen Clara (a pseudonym) aged 35, because her case is easy to follow and each of the four attached human spirits used her voice to speak clearly.

I first saw Clara in Fairfield Hospital following her emergency admission with a panic attack and head pains. Despite years of emotional fluctuation and unstable relationships, she had never had psychiatric help. Clara's condition responded well to mild sedation and hypnotherapy, and she went home after 3 weeks with a diagnosis of 'mixed anxiety and depressive disorder with panic attacks.'

Soon after discharge, Clara experienced a spontaneous visualization in self-hypnosis. That gave a clue to the cause of her problem. To find it we needed to explore the Unconscious. When we met next, hypnosis brought forward the spirit of a young woman, Henrietta, who had died of a fever more than a century before. For some reason, Henrietta had not made the normal transition to the Light, the entrance to the spirit world which is often described as part of a near-death experience. Instead, she reached a point where she seemed to be sitting on a bench in space but no one came for her, and so she returned to the world she knew. She found herself in a garden with a 4-year-old girl. This was Clara. Henrietta felt lost, so she attached spiritually to Clara. There she found another spirit, Gladys. I thanked Henrietta and asked Gladys to come forward. Clara's voice changed dramatically as this powerful spirit took over. Gladys, it turned out, was Clara's great-aunt and had died long before her birth. She had joined Clara at birth because, she said, the parents were not capable of looking after her. 'Clara needed some help,' explained Gladys, adding 'she was very angry.' Gladys remained, intending her influence to be life-long. Clara had had several partners in life and I was interested to know if Gladys had influenced the rapid changes, which Clara herself could not comprehend. So I said:

'Now, I can imagine that perhaps you haven't always approved of Clara's friends...'

'Oh no,' she replied, 'not the men.'

'No, quite. Now Gladys, it seems to me more than likely that you have actually influenced Clara, that you have affected her relationships with these men, perhaps you have intended to do so.'

'Oh, yes, of course,' she answered, bluntly.

'Yes. So you have actually tried to get them out of her life?'

'Oh, definitely... brutes.' It was this exchange more than anything that marked Gladys as a deceased relative and of an entirely different nature to gentle-mannered Clara.

It was time to end the session. Clara went home, confused but relieved to have had some light shed on her relationship problems. She would look into the family history to learn more about her relative.

The following week, Clara confirmed that Gladys was indeed her great-aunt and had died of cancer aged 50, many years before Clara had been born. She had been unhappily married and her favourite son was killed in a car crash.

In the session Gladys spoke of her anger at her early death but most of all, at her battering, alcoholic husband and the tragic death of her son, at 28. She accepted my offer to help her get rid of the anger. I had her think of the good times with her husband when they first met, and told her, 'You can be free of anger now that that life has ended. You can just return to your death and leave the anger in the body.' With a little help, this was soon done. Now she was ready to go. I told her that her son would be in the Light, waiting for her. Seconds later, Gladys gave a whoop of joy and left. We then released Henrietta, and I used finger signals to inquire about other entities. 'Is there anyone there?' I asked Clara's Unconscious. The No finger moved. 'Is anyone hiding?' The Yes finger responded!

Clara became very agitated and cried out, putting her hand to her head. She could not continue until I had helped her settle with calming imagery.

'What's happening Clara?'

‘We need to help Jack! He’s so frightened; he’s crying.’

The spirit, Jack, aged 17, comes forward. He had just left the pub, and was fooling around with his mates... in his own words, ‘Still mucking about and just step off, step off the pavement. Crash! I’m hit, just hit. I look down and there’s me and there’s blood everywhere.’ When the ambulance comes, in Jack’s words, ‘They put me in there, but I go as well – we both go, me and that body.’

Jack expresses great upset on arrival at hospital. I stop the questions and help him to the Light, where his mother meets him.

There is also an older man, Tony, who died on the floor of his bed-sit in a drunken stupor. He tells how he woke up, thinking he’s been asleep, and goes to the One Hundred Club. He can’t get a drink there. He tries to speak to a girl (Clara). In his words, ‘I get really angry. Silly cow!’

‘What comes next?’ I asked him.

‘Oh, God, I’m in her!’

Here are some extracts from Clara’s own written account.

‘For as long as I can remember I had suffered with a profound lack of confidence. In situations of confrontation or pressure, I never felt in control of my thoughts or decisions. I experienced inexplicable mood swings. Since adulthood, I have had problems in maintaining relationships, particularly with men, often experiencing feelings of consuming love for them one day and extreme loathing the next.’

Of the spirit release session she says:

‘As Henrietta spoke I was aware that it was through my voice, but I felt a total bystander - as if watching a stage play. I felt little emotion up to this point other than total fascination. However, as soon as Gladys started to speak I immediately felt tense and intimidated, like a little child.’

Of Jack, who was killed while drunk, she said,

‘He seemed so frightened and insecure. Although I didn't know him I could recognise his emotions and excesses only too well. As we helped him to re-

experience his death, I felt, in my head, the pains I had experienced before my admission to hospital.

'In the fifteen months since the end of my treatment I no longer have any pains in my head or feel the urge to drink excessive amounts of alcohol. I have lost 15 kilograms excess weight, without dieting, and am down to five cigarettes a day. My moods are much more reliable and I am nothing like so sensitive to people's remarks.

'I have listened to recordings of my sessions dealing with spirit attachment and I must say I find them a little disturbing. Although I know the voice speaking on the tapes belongs to me, when any of the spirits speak the tone and pattern of my speech is very different.'

Clara concludes:

'I now have much more energy than before and need 25% less sleep. I take full responsibility for my life and, more importantly, thoroughly enjoy it!'

That was 19 years ago. I last spoke to Clara 7 years later, when she was happy and in excellent health.

Today, using the current International Classification of Diseases, 10th edition, Clara would have been placed in the category of mixed anxiety and depressive disorder with panic attacks. This says nothing about a possible cause. An aetiological diagnosis, outside the accepted medical system, might be:

Covert Spirit Attachment, affecting relationships, confidence, energy level, mood, alcohol intake and headaches.

This is clearly a more useful description, since it indicates the cause of the troubles.

Main Features of Clara's case

1. Use of hypnosis. This is the essential mode of access to the Unconscious. Clara was an excellent subject.
2. Each of the four earthbound spirits had very different characteristics and effects. There were striking voice differences.

- Great aunt Gladys (with a powerful voice and manner) had an overwhelming effect on Clara's relationships and sense of control.
- Jack, the lad who was killed in the road, passed on his head pain and anxieties.
- Tony, who died in a drunken stupor affected Clara's energy level and alcohol intake.
- Henrietta, described as 'very sweet' by Gladys, had the final say, because her appearance to Clara in self-hypnosis directed the therapeutic process.

3. The spirit influences were entirely unexpected by Clara.

4. Clara is greatly benefitted by the treatment.

5. The spirits did not return.

6. Two sessions only were needed.

7. No side effects.

8. Clara gives her enthusiastic report 15 months later.

Many interesting details can be found in the complete account published in 1998 *European Journal of Clinical Hypnosis*, and available on my website, www.alansanderson.co.uk

Discussion

The Power of Subjective Experience

How does the Clara case affect us? If you had been there, as I was, listening to the different voices, each with its contrasting tones and remarkable utterances, you would have been impressed, even convinced, of their authenticity. But hearing me today, it's much like any other story, read from a book or seen on screen, interesting at the time, but you won't be gripped as you would have

been if present. Had you been there, you might have had a conversion experience, as I had, when Lance treated Paul at Fairfield in 1992!

Science and Research

The crucial importance of this case lies in its being so completely at variance with scientific orthodoxy and contemporary medical and psychiatric thinking.

You've heard a shortened account of just one uncomplicated case, treated with spirit release. Even so, how much more informative than an account of large numbers of patients, grouped according to diagnosis, their progress displayed on a graph according to the sort of treatment (usually medication) administered. What would medical science say to an account such as Clara's? 'No double-blind trial, no comment.'

Of course, research studies are required for spirit release just as for other treatments, but with no research funds available and no official support for such work within the NHS, how could it happen?

Medical science almost never extends its scrutiny to phenomena beyond the current materialist paradigm. Otherwise it would soon come across phenomena beyond its methods.

Four hundred years ago, the distinguished scientist, Francis Bacon, made a highly pertinent statement in this connection. In 1620 he wrote: *'The world is not to be narrowed till it will go into the understanding but the understanding to be expanded and opened till can take in the image of the world as it is in fact.'* In other words, when scientific theory cannot explain some phenomenon, the theory must be modified. What science should not do is duck the question by ignoring the observation or claiming that it is false. Science has a duty to pay special attention to observations that do not fit its theories. These are the critical thought-challenges which can be so valuable as indicators of research.

Questions

A single case is, of course, subject to many criticisms. Whether we believe that Clara's story is a spiritual manifestation or not, we surely can agree that it is a remarkable event, worthy of careful analysis. It can be looked at it on several levels.

1. **Were they really spirits?** What is the evidence? How can this be explored? What questions should we be asking? Is there some other explanation, acceptable to materialist science?
2. **Was it a hoax?** Was it perpetrated by the therapist or the patient? This must seem the likely cause to a determined sceptic, and must be investigated. Sceptics see scepticism as a branch of the scientific system, which they have a duty to defend. A favourite demand is to ask for proof and they repeat the mantra. 'Extraordinary claims require extraordinary evidence.' How to interpret 'extraordinary' in this context is a difficult question.
3. **What is the therapeutic future for spirit release?** If Clara could be so greatly benefitted by the procedure, can a similar process be used with others? Certainly it can be, as demonstrated by the experience of many therapists and their patients.
4. **How may spirit release affect life and behaviour generally?** If this really is a spiritual manifestation it poses enormous questions for society and for individuals everywhere.
5. **Where is psychiatry on this?** The phenomena must not be rejected simply because the spirit hypothesis is unacceptable. Here we have a powerful treatment which demands exploration and understanding.

The Growing Points for Spirit Release Today

There are many therapists, world-wide, doing spirit release and related work. The pioneering work of psychologist, Dr Thomas Zinser, on ego states and attached spirits has advanced our knowledge immensely, and is still continuing (see bibliography). From within psychiatry, a hopeful straw in the wind is the flourishing Hearing Voices Organisation, originated by Marius Romme. The move to regard voices as meaningful communication is a step towards understanding. Spirit release is widely practised by Spiritist psychiatrists in Brazil, where scientific work is progressing steadily. In the UK an impressive book, *The Science of Spirit Possession* by Terence Palmer, is about to be published in its revised 2nd edition. In the U.K. the Spirit Release Forum (www.spiritrelease.org) is active in providing a focus for those interested in spirit release. The Forum runs a training programme and can provide supervision for trainees and for therapists working in this area. It also organises lectures and

conferences. The Forum, led by David Furlong, is a growing community which I hope will thrive.

How to bridge the conceptual gap

Spirit release and related therapies are tremendously exciting developments, because of their enormous implications, but how does one bridge the yawning conceptual gap? Persuading the doubter is like asking someone to climb a ladder which has several adjacent rungs missing. A possible intermediate approach (still a big stride) might be the study and therapy of sub-personalities (ego-state therapy) which is used increasingly, though not yet in the NHS. Mindfulness, now an increasing practice in the NHS, is another possible entry point for focused spiritual interventions.

A Riddle for Psychiatry

Q: When is a new treatment more than a new treatment?

A: When it's a new belief system.

Closing Thoughts

Introducing spirit release into the NHS seems unlikely to come quickly. It will require many small steps rather than a few giant leaps. But while conventional psychiatry works its way from symptom suppression to symptom comprehension and related treatment, advances will continue to come from non-medical practitioners, working in the private sector. May the time soon come when these new concepts and treatments will be welcomed by psychiatrists and adopted by the NHS. For countless suffering humans, who lack an embracing meaning to life, it cannot come too soon.

Recommended Reading

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